

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

INTERMEDIATE CARE FACILITY SERVICES

See Attachment 4.19-D

State Plan

Trans. No. MS 83-21

~~Supersedes~~ MS 83-5

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Approved 3-2-84

Substitute per letter dated 11/2/98 "

ATTACHMENT 4.19-B
Item 16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

INPATIENT PSYCHIATRIC FACILITIES FOR INDIVIDUALS AGE 21 OR YOUNGER

NMAP pays for inpatient psychiatric facility services for individuals age 21 or younger provided by hospitals at the rates established under the reimbursement plan for hospital services in Attachment 4.19-A.

NMAP pays for inpatient psychiatric facility services for individuals age 21 or younger provided by residential treatment centers and treatment group homes as follows:

Payment rates for these services are established on a unit (per day) basis. Rates are set annually. Rates are set prospectively for the annual rate period and are not adjusted during the rate period. Providers are required to submit annual cost reports on a uniform cost reporting form. In determining payment rates, the Department will consider those costs that are reasonable and necessary for the active treatment of the clients being served. Those costs include costs necessary for licensure and accreditation, meeting all staffing standards for participation, meeting all service standards for participation, meeting all requirements for active treatment, maintaining medical records, conducting utilization review, meeting inspection of care, and discharge planning.

The Department does not guarantee that all costs will be reimbursed. The submitted cost reports are used only as a guide in the rate-setting process. Payment rates do not include the costs of providing educational services.

Payment for services provided by JCAHO-accredited facilities will include payment for room and board.

Services provided by inpatient psychiatric facilities that are state-operated are reimbursed at a rate that includes all reasonable and necessary costs of operation, excluding educational services. State-operated centers will receive an interim payment rate, with an adjustment to actual costs following the cost reporting period.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Payment for nurse-midwife services is made to the nurse-midwife or the physician with whom the nurse-midwife has a practice agreement; the physician is then responsible for payment to the nurse-midwife. Payment for nurse-midwife services is made at the lower of -

1. The provider's submitted charge; or
2. A percentage, determined by the Department, of the amount allowable under Item 5 of Attachment 4.19-B for the physician with whom the nurse-midwife has a practice agreement.

NMAP covers pre-natal care, delivery, and postpartum care as a "package" service. Auxiliary services, such as pre-natal classes and home visits, are not paid as separate line items.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

TRANSPORTATION

Payment for ambulance services will be the lowest of -

1. The provider's submitted charges;
2. The provider's customary charge as determined by Medicare or Medicaid;
3. The prevailing charge for providers of like specialty and locality as determined by Medicare or Medicaid; or
4. Maximum allowable fees established by the Department.

Medicare customary and prevailing charge determinations used by the Nebraska Department of Social Services are those calculated by Medicare and defined as follows for purposes of the limits described above:

1. Medicare customary charges are those established on the basis of the provider's billed charges in the appropriate base period; and
2. Medicare prevailing charges are the unadjusted prevailing charges established on the basis of billed charges.

Medicaid customary and prevailing charge determinations are those established by the Department.

The new Medicare charges will become effective on the same date as the updated Medicaid charges.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

SERVICES OF CHRISTIAN SCIENCE NURSES

Not provided

State Plan

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

CARE AND SERVICES PROVIDED IN CHRISTIAN SCIENCE SANITORIA

Not provided

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE

See Attachment 4.19-D

State Plan

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

EMERGENCY HOSPITAL SERVICES

See Item 2a of this Attachment.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

PERSONAL CARE SERVICES IN CLIENT'S HOME, ETC.

Payment for the services of a personal care aide is made at the federally-established minimum wage. An additional 35 cents per hour will be authorized if the provider has completed training or licensures.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

EXTENDED SERVICES TO PREGNANT WOMEN

For dates of service on or after August 1, 1989, NMAP pays for extended services to pregnant women at the lower of -

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect for that date of service. The allowable amount is indicated in the fee schedule as -
 - a. The unit value multiplied by the conversion factor;
 - b. The invoice cost (indicated as "IC" in the fee schedule);
 - c. The maximum allowable dollar amount; or
 - d. The reasonable charge for the procedure as determined by the Medical Services Division (indicated as "BR" - by report or "RNE" - rate not established - in the fee schedule).

The Nebraska Medicaid Practitioner Fee Schedule is effective July 1 through June 30 of each year.

Revisions of the Fee Schedule: The Department reserves the right to adjust the fee schedule to -

1. Comply with changes in state or federal requirements;
2. Comply with changes in nationally-recognized coding systems, such as HCPCS and CPT;
3. Establish an initial allowable amount for a new procedure based on information that was not available when the fee schedule was established for the current year; and
4. Adjust the allowable amount when the Medical Services Division determines that the current allowable amount is -
 - a. Not appropriate for the service provided; or
 - b. Based on errors in data or calculation.

The Department may issue revisions of the Nebraska Medicaid Practitioner Fee Schedule during the year that it is effective. Providers will be notified of the revisions and their effective dates.

NMAP pays for injections at the wholesale cost of the drug plus an administration fee determined by the Department. Only the administration fee is paid when a physician uses vaccine obtained at no cost from the Nebraska Department of Health.

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